

This time Senator DASCHLE himself came out and objected to reaffirm what he said to USA Today on September 8. They won't even let that go.

Here is stall tactic No. 4, four district judges: We have been criticized all year because we won't confirm the judges the President has sent up. Majority Leader TRENT LOTT brings the judge bill to the floor, judges the Democrats want, judges the Republicans want, but, most importantly, judges that this President sent up. He brought the judges to the floor. Let's see. He brought a judge for Senator DURBIN; he brought a judge for Arizona, and everybody agreed on these judges; DASCHLE himself objected, stall tactic No. 4.

These are just functionary, important kinds of necessarily "get done if you can" kinds of things. We have time to do it. It doesn't require lots of debate. But it clearly appears to me that no action goes forth. And if we can stop that action, surely those Republicans in time will cave.

Here is stall tactic No. 5, intelligence authorization: A request to go to the conference with Democrat amendments submitted to DASCHLE through a staff channel on September 7—no response from DASCHLE or others—with an indication that Democrats are preparing additional amendments, stall tactic No. 5.

My goodness, aren't we going to get these authorizations done? They are very important.

Here are four nominations to the U.S. Institute for Peace. I am not going to stand here and suggest the Democrats aren't for peace. We are all for peace. But at least they objected to moving nominations on the Institute for Peace; stall No. 6.

A document that made stall No. 7 happen on the 13th of this month was a major report coming out of our Federal Government saying that violence in the media, violence in video games, violence on television, and violence in the movies is truly producing a culture of violence that could and appears to be translating into violent youth of America with young people witnessing over 100,000 acts of violence, actually watching on television, although acted and cast—8,000 murders during their young lifetime. Somehow that is important. We have been talking about it for years as being darned important.

Senator JOE LIEBERMAN, now Vice-Presidential candidate, proposed what is known as the "Media Violence Labeling and Advertising Act of 2000." Senator JOHN MCCAIN supported him. It is bipartisan with Democrats and Republicans, and now a national issue made true by studies and analyses of our Federal Government as to the impact on young people. We brought it to the floor. That is S. 2497, bipartisan legislation, and there was objection to the unanimous consent to move it forward.

For the week, that is stall tactic No. 7.

What will next week hold? We are going to conclude PNTR on a vote on Tuesday, I believe. We have numerous appropriations bills that ought to be dealt with. Hopefully, we can and will deal with them and in doing so pick up the pace around here and get our work done so that we can adjourn—so that we can send a very clear message to the American people of the intent of this Congress to balance the budget; to hold sacred the Social Security surplus; to make sure that we deal with health care in a responsible way for our citizens; hopefully that we could give back a few of these surplus tax dollars, but if we can't do that, at least dedicate a large portion of it to debt buy-down so that young people in their lifetime won't have to finance the debt structure of the generation before them.

Those are responsible and right things to do, and I hope we can do them. But I will be back next week to talk probably about stall tactic No. 8, No. 9, No. 10, and No. 11. At least I am going to until the minority leader comes to the floor and he recants and says that he didn't say this or that this isn't a strategy because if it is a strategy, it is bad politics, and it is darned bad government to simply say, no, we are not going to work until we get the right to spend billions and billions of dollars of more money. That is not bipartisan. Most importantly, that is bad policy.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. CRAIG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### MORNING BUSINESS

Mr. CRAIG. Mr. President, I ask unanimous consent that there now be a period for the transaction of routine morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PRESCRIPTION DRUGS AND PREVENTIVE CARE: THE KEY TO TRUE MEDICARE REFORM

Mr. GRAHAM. Mr. President, yesterday I started the first of what will be five or more brief statements on issues related to the subject of the Federal Government providing a prescription medication benefit to Medicare recipients.

Yesterday, I opened this series with a discussion of what I consider to be the most important reform required in the

Medicare system; and that is reforming a 35-year-old health care system which was established to provide acute care; that is, care after an illness had matured into a major condition, or after an accident had caused a person to require specific medical attention largely in a hospital setting.

What was not included as part of the 1965 Medicare program was an emphasis on what seniors want today; and that is, they want a system that will not just treat them after they are seriously ill but to have treatment that will avoid or reduce the impact of those illnesses through effective preventive strategies.

Those preventive strategies have many components, including regular screenings for those conditions that can be detected at an early time; and then the management, through a variety of sources, of those chronic conditions so that they do not mature into serious health concerns, in some cases even death.

To me, the conversion of Medicare from a sickness program to a wellness program is the fundamental reform that this Congress must achieve.

If we are going to have this new orientation on wellness, prescription drugs will play a critical role. Prescription drugs are a part of almost every methodology of managing a medical condition which, if not appropriately managed, could mature into serious complications. Prescription drugs are a key to providing true quality preventive care for our senior citizens.

My point is illustrated by an example.

Mrs. Jones is a Medicare beneficiary. She has, like an increasingly large number of Medicare beneficiaries, no drug coverage. Unfortunately, Mrs. Jones also has diabetes, hypertension, and high cholesterol. These are three conditions which in the past would have been debilitating, even fatal. Today, thanks to the miracle of modern medicine, Mrs. Jones can treat these conditions and continue to live a healthy life.

Mrs. Jones is likely to be treated with Glucophage, Procardia XL, and Lipitor.

The annual cost of Glucophage will be \$708. The annual cost for Procardia XL will be approximately \$500 to \$900, depending on whether 30 or 60 milligram tablets are prescribed. The annual cost of Lipitor is approximately \$700. The total annual spending for these three drugs alone for Mrs. Jones will range between \$1,900 and \$2,300. These costs, for most seniors—I would argue, for most Americans—are likely to cause significant economic hardship. But if Mrs. Jones does not take these drugs, she will find her conditions raging out of control and will surely be a candidate for expensive hospital stays and surgery.

Those last two comments underscore the fact that this is a medical issue in